

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568737

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten notes:
 1. In column 2 (DEP.), rows 1-16 have a vertical line. Row 17 has "355".
 2. In column 4 (DEP.), rows 1-16 have a vertical line. Row 17 has "000".
 3. In column 6 (DEP.), rows 1-16 have a vertical line. Row 17 has "000".
 4. In column 2 (DEP.), rows 17-37 have a vertical line.
 5. In column 4 (DEP.), rows 17-37 have a vertical line.
 6. In column 6 (DEP.), rows 17-37 have a vertical line.
 7. In column 2 (DEP.), rows 38-50 have a vertical line.
 8. In column 4 (DEP.), rows 38-50 have a vertical line.
 9. In column 6 (DEP.), rows 38-50 have a vertical line.
 10. In column 2 (DEP.), rows 51-100 have a vertical line.
 11. In column 4 (DEP.), rows 51-100 have a vertical line.
 12. In column 6 (DEP.), rows 51-100 have a vertical line.

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY